

Name: Franco Sicuro | [REDACTED] | PCP: Dion G. Fisher, MD

Progress Notes

Luqi Chi at 3/1/2023 5:39 PM

Patient's Name: Franco Sicuro

Date of Birth: [REDACTED]

Remote Data Download Date: March 1, 2023

Remote patient monitoring note: 30-day NIV efficacy data download was requested by Dr. Chi.

This is a patient with restrictive lung disease and respiratory insufficiency caused by ALS, who is being treated with AVAPS-AE therapy on **Trilogy, a home ventilator**. Efficacy data is remotely monitored and stored at a central data management system that tracks patient progress and therapy data. Due to rapid progression of motor neuron disease (ALS), the patient has had a great deal of difficulty commute from home to follow up office visit. Close monitoring ventilator efficacy data remotely is medically necessary in order to further adjust the modality and settings of the ventilator. The patient gave consent to data download from Cloud-Based database such as CareOrchestrator and review results via the phone. The patient understands this service will be billed to insurance.

[REDACTED]

[REDACTED]

EXHIBIT C

Assessment and Plan:

[REDACTED]

Restrictive lung disease due to neuromuscular disease (ALS):

The patient has adapted to NIV. AVAPS-AE data showed excellent treatment compliance, acceptable system leak and good ventilatory support. The impact of respiratory muscle weakness on ventilation and benefit of NIV were discussed with the patient.

He uses wheelchair. ALS has progressed. Speech is still clear but voice is lower. He received a CoughAssist.

Shortness of breath has worsened. He has declined trach.

Sleep quality has improved with Trilogy. No shortness of breath with the mask on. Denies excessive secretions. Reports significant anxiety.

He likes the **medium AirFit F20 FF mask**. Uses nasal masks during the day.

Explained to the patient the purpose, principle, algorithm, and function of AVAPS-AE. Reviewed and explained efficacy data above. Patient showed good understanding.

[REDACTED] He tolerated these changes well. He uses machine day and night now >15 hours. He breathes comfortably with mask on. However, he does not want to wear mask during the day because he wants to talk and eat.

He is able to move his head and hands, and he does not have facial weakness. He may be a good candidate for MPV. I encouraged him to look into MPV and we will discuss again next month.

We have achieved almost optimal setting for ventilatory support and will continue current settings. Due to ALS progression, we may consider to change AVAPS-AE to PC AVAPS mode.

[REDACTED]

EXHIBIT C

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